

RE: \_\_\_\_\_

For office use only



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs

State Board of Professional Engineers and Land Surveyors

P.O. Box 45015, Newark, New Jersey 07101

(973) 504-6460

# **Engineer-in-Training Reference Form**

*(Please print clearly.)*

### **Name of Reference**

### **Name of Applicant**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

The applicant for registration as an engineer-in-training whose name and address are given above has sent you this reference statement regarding his/her professional qualifications. He/she indicated that you have personal knowledge of his/her character and professional experience.

Please answer the following questions and return this form to the State Board of Professional Engineers and Land Surveyors, P.O. Box 45015, Newark, N.J. 07101, by \_\_\_\_\_ in order for the applicant to be considered for the next scheduled examination. All information provided is confidential.

### **Statement of Reference** *(From your own personal knowledge.)*

1. Your business or profession: \_\_\_\_\_
2. Length of acquaintance: \_\_\_\_\_
3. Relationship, if any: \_\_\_\_\_
4. Applicant's moral habits or character: \_\_\_\_\_
5. Applicant's general reputation in the community: \_\_\_\_\_
6. If you have been associated with the applicant in professional practice, please supply the following information.  
Position held by the applicant: \_\_\_\_\_  
Character of the work performed by the applicant: \_\_\_\_\_
7. In view of your knowledge of the applicant, do you recommend him/her for a certificate of registration as an engineer-in-training? ☐ Yes ☐ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

If you are a professional engineer, please give your license number: \_\_\_\_\_, \_\_\_\_\_ .  
State of licensure